

Indiana Professional Licensing Agency
Indiana Board of Nursing (Group 02)
402 W. Washington St. Room W072
Indianapolis, IN 46204



To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your \$50 renewal fee (\$100 if mailed after October, 31, 2009). Checks should be payable to: "Indiana Professional Licensing Agency". You must enter your Name and License Number in the spaces below – failure to do so may delay the renewal of your license.

REGISTERED NURSE RENEWAL FORM

ENTER NAME: Mail To: Indiana Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204 Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal. I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.	<u>Enter License Number</u>	<u>Date Expires</u> Current Licenses Expire 10/31/2009	<u>Renewal Fee</u> \$50.00	
	SINCE YOU LAST RENEWED: (if yes to any question, attach details of action taken)			
	1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending?	YES	NO
	2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	NO
	3.	Have you been convicted of or pled guilty to a violation of a federal or state law <i>or</i> are criminal charges pending?	YES	NO
	4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	NO
	5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice or as another health care professional?	YES	NO
	<u>Signature Of Applicant</u> (respond Yes or No to all questions)		<u>Date Signed</u>	
			<u>Phone #</u>	
			<u>Email</u>	
Make Check Payable To Indiana Professional Licensing Agency	<u>Enter change of address</u>		ADD \$50.00 LATE FEE IF POST MARKED AFTER 10/31/2009.	

- IF YOU ANSWERED "YES" to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.
- Online renewal information: Login ID is your RN license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at www.pla.in.gov - use **License Express** option.
- Late renewals: If you renew after October 31, 2009, you must pay a \$50.00 late fee in addition to the standard renewal fee. There are no exceptions.
- Name changes: Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other Court Order establishing legal name) and mail to the address above. Be sure to include your license number.
- Pocket cards: The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at www.pla.in.gov. Walk-in customers will not be issued cards. Please note that permanent pocket license cards no longer feature expiration dates, although a card with an expiration date can also be purchased online.
- If you have questions, contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.